Page 35

Revision: HCFA-AT-87-14

(BERC)

OMB No.: 0938-0193

March, 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA				
Citation				
42 CFR 431.800(c)	4.4	Medicaid Quality Control		
50 FR 21839 1903(u)(1)(D) of the Act, P.L.		(a)	-	em of quality control is implemented in accordance with R Part 431, Subpart P.
99-509 (§9407)		(b)	The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), (j), and (k).	
				Yes.
			X	Not applicable. The State has an approved Medicaid Management Information System (MMIS)

Approval Date 12/11/87 87-11 TN No. Effective Date 07/01/87 Supersedes TN No. HCFA ID: 1010P/0012P